

Application Data Sheet

Application Information

Application number::

Filing Date:: 05/19/06

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: Paper

Computer Readable Form (CRF)?:: Yes

Number of copies of CRF:: 1

Title:: ADJUVANTS OF IMMUNE RESPONSE

Attorney Docket Number:: 01948/098003

Request of Early Publication?:: No

Request of Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 15

Small Entity?:: Yes

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Dan

Middle Name:: H.

Family Name:: Barouch

Name Suffix::

City of Residence:: Boston

State or Province of Residence:: MA

Country of Residence:: US

Street of mailing address:: 1 Longfellow Place #3222

City of mailing address:: Boston

State or Province of mailing address:: MA

Country of mailing address::

Postal or Zip Code of mailing address:: 02114

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Shawn

Middle Name:: M.

Family Name:: Sumida

Name Suffix::

City of Residence:: Honolulu
State or Province of Residence:: HI
Country of Residence:: US
Street of mailing address:: 7122 Kamilo Street
City of mailing address:: Honolulu
State or Province of mailing address:: HI
Country of mailing address::
Postal or Zip Code of mailing address:: 96825

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Norman
Middle Name:: L.
Family Name:: Letvin
City of Residence:: Newton
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 36 Brackett Road
City of mailing address:: Newton
State or Province of mailing address:: MA
Country of mailing address::
Postal or Zip Code of mailing address:: 02458

Correspondence Information

Correspondence Customer Number:: 21559

Representative Information

Representative Customer Number:: 21559

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National stage of	PCT/US2004/038865	11/19/04

PCT/US2004/038865	An application claiming the benefit under 35 USC 119(e)	60/523,380	11/19/03
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Assignee Information

Assignee name::

Street of mailing address::

City of mailing address::

State of Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::